PART B - FEE(S) TRANSMITTAL

ompleteend and this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or <u>Fax</u>

INSTRUCTION: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where applicable of further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) 7590 09/21/2005 2352 OSTROLENK FABER GERB & SOFFEN Certificate of Mailing or Transmission

Daniel Engvall

FIRST NA

1180 AVENUE OF THE AMERICAS NEW YORK, NY 100368403 12/20/2005 EAYALEW2 00000055 09763312

01 FC:1501 02 FC:8001

APPLICATION NO.

09/763,312

1400.00 DP 30.00 OP

FILING DATE

04/24/2001

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885. on the date indicated below

5056

transmitted to the USP	10 (3/1) 2/3-2	zaas, on the c	iate muicate	u below.
m. Jan	nes A.	Find	er_	(Depositor's name)
(11/1/2				(Signature)
1 Dece	mber	15, 2	COS	(Date)
MED INVENTOR	ATTORNEY D	OCKET NO	CONFIRM	IATION NO.
INIED INVENTOR	ATTORNET	OCKET NO.	COMMING	1111011110

P/2432-38

TITLE OF INVENTION: TRANSPORTABLE APPARATUS FOR TREATING MENIER'S DISEASE

APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES		-\$700 \$1400.00 \$0		\$700 12/21/2005			
FYAN	AINER	ART UNIT	1700.	CLASS-SUBCLASS	1 \$1400.00	•		
				L				
THANH,	, LOAN H 	3763		601-076000				
CFR 1.363). Change of correspondedress form PTO/SB/1 "Fee Address" indica	the address or indication of "Fordence address (or Change of 0 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use	Correspondence	(1) the na or agents (2) the na registered 2 registered	nting on the patent front page, limes of up to 3 registered pater OR, alternatively, me of a single firm (having as a lattorney or agent) and the name do patent attorneys or agents. If name will be printed.	a member a 2etes of up to	FABER, GERB & SOFFEN, LL		
PLEASE NOTE: Unless	D RESIDENCE DATA TO B s an assignce is identified be n 37 CFR 3.11. Completion of	low, no assignce da	ta will apr	pear on the patent. If an assign	nee is identified below, the c	ocument has been filed for		
(A) NAME OF ASSIGN		(B) I		CE: (CITY and STATE OR CO				
Please check the appropriate	e assignee category or categor	ies (will not be print	ed on the p	oatent): 🔲 Individual 🔽 C	orporation or other private gr	oup entity Government		
4a. The following fec(s) are enclosed: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies (0=20,00			4b. Payment of Fec(s): A check in the amount of the fee(s) is enclosed. CMCUL NO. 22916 Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to					
Advance Order - # 0	Copies (0-4-2010)		eposit Acc	count Number	(enclose an extra c	opy of this form).		
a. Applicant claims S	from status indicated above MALL ENTITY status. See 3	57 CFR 1.27.		cant is no longer claiming SMA				
NOTE: The Issue Fee and Finterest as shown by the rec	Publication Fee (if required) words of the United States Pare	ill not be accepted fi t and Trademark O	rom anyon ffice.	ny) or to re-apply any previousle other than the applicant; a reg	istered attorney or agent; or t	he assignee or other party in		
Authorized Signature	Trimes A F	inder		Date Date Registration	EMPEY 15,2	2005		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.